

Case Number:	CM13-0024391		
Date Assigned:	11/20/2013	Date of Injury:	01/02/2013
Decision Date:	02/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The reviewer is Licensed in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. expert reviewer

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 36 year old male who was involved in a work related injury on 1/2/2013. His primary diagnoses are lumbar spine sprain/strain, right hip sprain/strain, and right ankle tenosynovitis. He has left foot/heel pain and left foot pain. He also has pain radiating down his left lower extremity. He has decrease Range of Motion in the lumbar spine and left ankle. He has work limitations and positive orthopedic tests. Prior treatment has included chiropractic, physical therapy, and oral medications. No prior acupuncture appears to have been attempted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture treatment to lumbar spine, left hip, left ankle, left foot 2 times per week for 3 weeks (6 visits): Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, an acupuncture trial is medically necessary for chronic pain. It does not appear that the claimant has had any prior acupuncture. The claimant also has chronic pain with functional deficits at work. A trial of six acupuncture

visits is medically necessary. Further visits may be necessary with demonstrated functional improvement.